

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN  
Date Stamp (Received)  
APR 02 2015  
Bayfield Co. Zoning Dept.

ENTERED  
Permit #: 15-0036  
Date: 5-13-15  
Amount Paid: \$105 5-13-15  
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: <u>Allan Berg</u>	Mailing Address: <u>1323 Thompson Rd</u>	City/State/Zip: <u>Altona, WI 54720</u>	Telephone: _____
Address of Property: <u>1441 South Shore Rd</u>	City/State/Zip: <u>Barnes, WI 54873</u>	Cell Phone: <u>715 205-9013</u>	
Contractor: <u>SELF</u>	Contractor Phone: _____	Plumber: _____	Plumber Phone: _____
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone: _____	Agent Mailing Address (include City/State/Zip):	Written Authorization Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
PROJECT LOCATION: <u>1/4, 1/4</u>	Legal Description: (Use Tax Statement) <u>04 004-3-44-09-19-2 00-150-02000</u>	PIN: (23 digits)	Recorded Document: (i.e. Property Ownership) Volume <u>945</u> Page(s) <u>297</u>
<u>1/4, 1/4</u>	Gov't Lot <u>3</u>	Lot(s) <u>2</u>	Block(s) No. _____
Section <u>19</u> , Township <u>44</u> N, Range <u>9</u> W	Town of: <u>Barnes</u>	Lot Size _____	Acres <u>1.35</u>

<input type="checkbox"/> Shoreland <input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <u>→</u> If Yes--continue <u>→</u>	Distance Structure is from Shoreline: _____ feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage	<u>→</u> If Yes--continue <u>→</u>	Distance Structure is from Shoreline: _____ feet		

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
<u>\$7,500</u>	<input type="checkbox"/> New Construction <input checked="" type="checkbox"/> 1-Story <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> 1	<input type="checkbox"/> Addition/Alteration <input type="checkbox"/> 1-Story + Loft <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> 2	<input type="checkbox"/> Conversion <input type="checkbox"/> 2-Story <input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Gravity</u>	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well	
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> No Basement	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)		
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> Foundation	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)		
			<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> None		

Existing Structure: (if permit being applied for is relevant to it)	Length: <u>32</u>	Width: <u>24</u>	Height: <u>12</u>
Proposed Construction:	Length: _____	Width: _____	Height: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	( <u>32</u> X <u>24</u> )	<u>768</u>
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> with Loft	( <u>  </u> X <u>  </u> )	
	<input type="checkbox"/> with a Porch	( <u>  </u> X <u>  </u> )	
	<input type="checkbox"/> with (2 <sup>nd</sup> ) Porch	( <u>  </u> X <u>  </u> )	
	<input type="checkbox"/> with a Deck	( <u>  </u> X <u>  </u> )	
	<input type="checkbox"/> with (2 <sup>nd</sup> ) Deck	( <u>  </u> X <u>  </u> )	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> with Attached Garage	( <u>  </u> X <u>  </u> )	
	<input type="checkbox"/> Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities	( <u>  </u> X <u>  </u> )	
	<input type="checkbox"/> Mobile Home (manufactured date) _____	( <u>  </u> X <u>  </u> )	
	<input type="checkbox"/> Addition/Alteration (specify) _____	( <u>  </u> X <u>  </u> )	
	<input type="checkbox"/> Accessory Building (specify) _____	( <u>  </u> X <u>  </u> )	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	( <u>  </u> X <u>  </u> )	
	<input type="checkbox"/> Special Use: (explain) _____	( <u>  </u> X <u>  </u> )	
	<input type="checkbox"/> Conditional Use: (explain) _____	( <u>  </u> X <u>  </u> )	
	<input type="checkbox"/> Other: (explain) _____	( <u>  </u> X <u>  </u> )	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

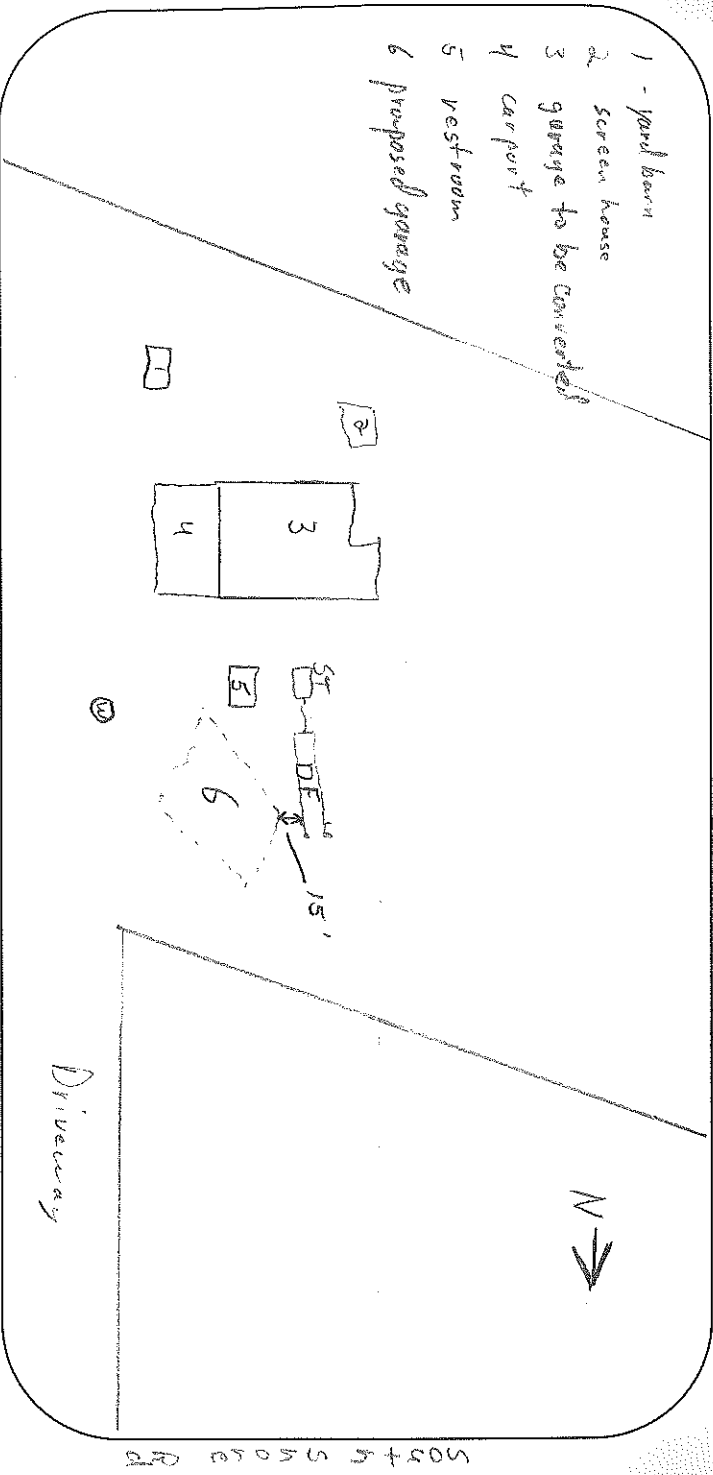
Owner(s): Allan Berg Date 3-30-15  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)  
Authorized Agent: \_\_\_\_\_ Date \_\_\_\_\_  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)  
Address to send permit same as above Attach Copy of Tax Statement ☒  
If you recently purchased the property send your Recorded Deed

NO RECORD FOR DOS APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE 10-0298

Below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**  
(2) Show / Indicate: North (N) on Plot Plan  
(3) Show Location of (\*): (\*) Driveway and (\*) Frontage Road (Name Frontage Road)  
(4) Show: All Existing Structures on your Property  
(5) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)  
(6) Show any (\*): (✓) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond  
(7) Show any (\*): (✓) Wetlands; or (\*) Slopes over 20%

Cleaver Rd



Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	300 Feet	Setback from the Lake (ordinary high-water mark)	— Feet
Setback from the Established Right-of-Way	30 Feet	Setback from the River, Stream, Creek	— Feet
Setback from the North Lot Line	150 Feet	Setback from the Bank or Bluff	— Feet
Setback from the South Lot Line	75 Feet	Setback from Wetland	— Feet
Setback from the West Lot Line	225 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	100 Feet	Elevation of Floodplain	— Feet
Setback to Septic Tank or Holding Tank	15 Feet	Setback to Well	50 Feet
Setback to Drain Field	25 Feet		
Setback to Privy (Portable, Composting)	— Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		Sanitary Number: <u>06-2265</u>	# of bedrooms: <u>2</u>	Sanitary Date: <u>10-3-06</u>		
Permit Denied (Date):	Reason for Denial:					
Permit #: <u>15-01360</u>	Permit Date: <u>5-13-15</u>					
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	
Granted by Variance (B.O.A.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Case #:	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Inspection Record:						
Site is as indicated.						
Date of Inspection: <u>5/12/15</u>	Inspected by: <u>gandy</u>					
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached)						
Signature of Inspector: <u>gandy</u>						
Hold For Sanitary: <input type="checkbox"/> _____	Hold For TBA: <input type="checkbox"/> _____	Hold For Affidavit: <input type="checkbox"/> _____	Hold For Fees: <input type="checkbox"/> _____	Date of Approval: _____		

SUBMIT: COMPLETED APPLICATION, TAX  
STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN  
DATE RECEIVED  
MAY 04 2015  
Bayfield Co. Zoning Dept.

ENTERED  
Permit #: 15-0137  
Date: 5-13-15  
Amount Paid: \$1255 51315  
Refund: \$80 51315  
THAS 51315  
ASD

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: Robert & Nancy Dralmeier	Mailing Address: 3835 160th Ave	City/State/Zip: Glenwood City, WI 54013	Telephone: Cell Phone: (715) 977-1995
Address of Property: Lot 26 Cree Addition - Potawatomi		Contractor Phone: Barnes, WI 54873	Plumber Phone:
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone:	Agent Mailing Address (include City/State/Zip):
PROJECT LOCATION	Legal Description: (Use Tax Statement)	PIN: (23 digits) 04-001245 0918100154 20000	Recorded Document: (i.e. Property Ownership) Volume: Subdivision: Cree Addition Potawatomi
1/4, 1/4	Gov't Lot 26	CSM	Vol & Page
Section, Township N, Range W		Town of: Barnes	
<input type="checkbox"/> Shoreland <input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage	Distance Structure is from Shoreline: feet	Distance Structure is from Shoreline: feet
If yes--continue		If yes--continue	
If yes--continue		If yes--continue	

Value at Time of Completion * include donated time & material \$40,000	Project # of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
<input type="checkbox"/> Addition/Alteration	<input checked="" type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input type="checkbox"/> (New) Sanitary
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists)	Specify Type: <input type="checkbox"/> Well
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Privy (Pit) or Vented (min 200 gallon)	
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
<input type="checkbox"/>	<input type="checkbox"/> Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> None	

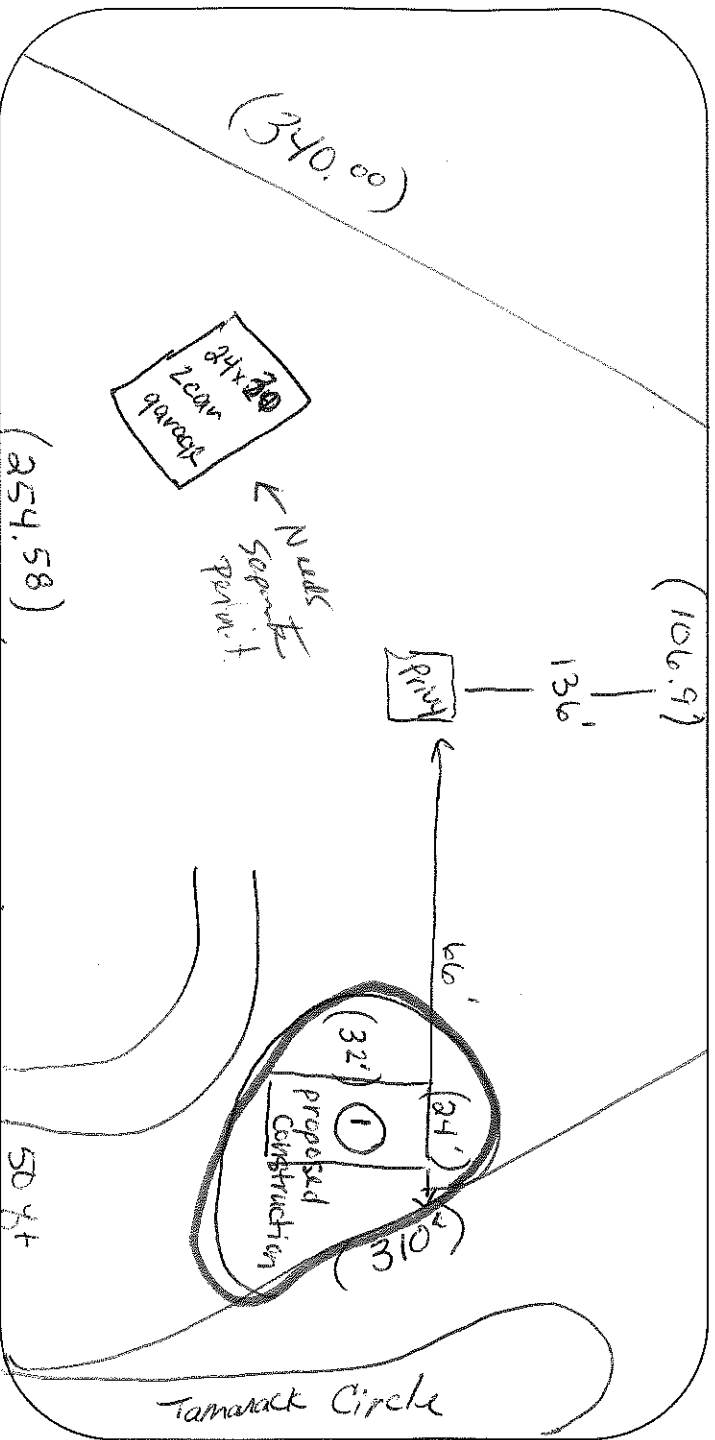
Existing Structure: (if permit being applied for is relevant to it)	Length: Length: Width: Height: Proposed Construction:	Length: Width: Height:
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Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input checked="" type="checkbox"/> Principal Structure (first structure on property)	( 34 x 32 )	768
	<input checked="" type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	( 12 x 12 )	144
	<input type="checkbox"/> with Loft	( 12 x 24 )	288
	<input type="checkbox"/> with a Porch	( 10 x 44 )	440
	<input type="checkbox"/> with (2nd) Deck	( 12 x 24 )	288
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> with Attached Garage	( 12 x 24 )	288
	<input type="checkbox"/> Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities)	( 12 x 24 )	288
	<input type="checkbox"/> Mobile Home (manufactured date)	( 12 x 24 )	288
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Addition/Alteration (specify)	( 12 x 24 )	288
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify)	( 12 x 24 )	288
	<input type="checkbox"/> Special Use: (explain)	( 12 x 24 )	288
	<input type="checkbox"/> Conditional Use: (explain)	( 12 x 24 )	288
	<input type="checkbox"/> Other: (explain)	( 12 x 24 )	288

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (am) (are) (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): James S. Dralmeier, 11/9/12  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)  
Authorized Agent: \_\_\_\_\_ Date: 4-21-2015  
Address to send permit: \_\_\_\_\_  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)  
Attach  
Copy of Tax Statement  
If you recently purchased the property send your Recorded Deed

	Proposed Construction
(1) Show location of:	North (N) on Plot Plan
(2) Show / Indicate:	(*) Driveway and (*) Frontage Road (Name Frontage Road)
(3) Show location of (*):	All Existing Structures on your Property
(4) Show:	(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(5) Show:	(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(6) Show any (*):	(*) Wetlands; or (*) Slopes over 20%
(7) Show any (*):	



**Changes in plans must be approved by the Planning & Zoning Dept.**

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	130 Feet	Setback from the Lake (ordinary high-water mark)	N/A Feet
Setback from the Established Right-of-Way		Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	160 Feet	Setback from the Bank or Bluff	
Setback from the South Lot Line	127 Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	145 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	114 Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	N/A Feet	Setback to Well	N/A Feet
Setback to Drain Field	N/A Feet		
Setback to Privy (Portable, Composting)	N/A Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

**NOTICE:** All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:		# of bedrooms:		Sanitary Date:	
Permit Denied (Date):		Reason for Denial:					
Permit #: <u>15-0137</u>		Permit Date: <u>5-13-15</u>					
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming		<input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> Yes (Fused/Contiguous lot(s)) <input type="checkbox"/> Yes _____		<input type="checkbox"/> No <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No		Mitigation Required Affidavit Attached	
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #: Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #: Were Property Lines Represented by Owner Was Property Surveyed		Affidavit Required Affidavit Attached	
Was Parcel Legally Created Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Record: <u>As indicated. Site is good</u>		Zoning District ( <u>R1</u> ) Lakes Classification ( <u>NW</u> )					
Date of Inspection: <u>5/12/15</u>		Inspected by: <u>[Signature]</u>		Date of Re-Inspection:			
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached.) <u>No H2O under person until Septic System is installed.</u>							
Signature of Inspector: <u>[Signature]</u>		Date of Approval: <u>5/12/15</u>					
Hold For Sanitary: <input type="checkbox"/> _____		Hold For TBA: <input type="checkbox"/> _____		Hold For Affidavit: <input type="checkbox"/> _____		Hold For Fees: <input type="checkbox"/> _____	



SUBMIT: COMPLETED APPLICATION, TAX  
STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

Address across road 55805 Wilder road Ct -

APPLICATION FOR PERMIT BAYFIELD COUNTY WISCONSIN	
Date Stamp (Received) MAY 13 2015	Bayfield Co. Zoning Dept.
Permit #: 15-C-38	ENTERED Date: 5-13-15
Amount Paid: \$75	513-15
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER		
Owner's Name: Robert + Nancy Drallmeier	Mailing Address: 2835 160th Ave Glenside City, WI 54013	Telephone: Cell Phone: (715) 977-1995
Address of Property: Lot 26, Cree Addition Ptashnik, Barnes, WI 54873	City/State/Zip: Glenside City, WI 54013	Plumber Phone:
Contractor:	Contractor Phone:	Plumber:
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone:	Agent Mailing Address (include City/State/Zip):
PROJECT LOCATION	Legal Description: (Use Tax Statement) 1/4, 1/4 Gov't Lot 26 CSM Vol & Page Lot(s) No. Block(s) No. Subdivision: Cree Addition	Recorded Document: (i.e. Property Ownership) Volume Pages: 146
Section, Township, N, Range, W	Town of: Barnes	Lot Size: Acres: 1.46
<input type="checkbox"/> Shoreland <input checked="" type="checkbox"/> Non Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream, Creek or Landward side of Floodplain? <input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes--continue	Distance Structure is from Shoreline: feet Distance Structure is from Shoreline: feet Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$10,000	<input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input type="checkbox"/> Foundation	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> None	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> None	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input type="checkbox"/> Sanitary (Exists) <input checked="" type="checkbox"/> Privy (pit) or Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None	<input type="checkbox"/> City <input type="checkbox"/> Well

Existing Structure: (if permit being applied for is relevant to it)	Length: 24	Width: 30	Height: 720
Proposed Construction:			

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property) <input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) with Loft with a Porch with (2nd) Porch with a Deck with (2nd) Deck with Attached Garage	( ) X ( ) ( ) X ( ) ( ) X ( ) ( ) X ( ) ( ) X ( ) ( ) X ( ) ( ) X ( )	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Bunkhouse w/ ( ) sanitary or ( ) sleeping quarters, or ( ) cooking & food prep facilities) <input type="checkbox"/> Mobile Home (manufactured date)	( ) X ( ) ( ) X ( )	
<input type="checkbox"/> Municipal Use	<input checked="" type="checkbox"/> Addition/Alteration (specify) GARAGE <input type="checkbox"/> Accessory Building (specify) <input type="checkbox"/> Accessory Building Addition/Alteration (specify)	( ) X ( ) ( ) X ( ) ( ) X ( )	720
Rec'd for Issuance MAY 13 2015	<input type="checkbox"/> Special Use: (explain) <input type="checkbox"/> Conditional Use: (explain) <input type="checkbox"/> Other: (explain)	( ) X ( ) ( ) X ( ) ( ) X ( )	
Secretarial Staff			

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

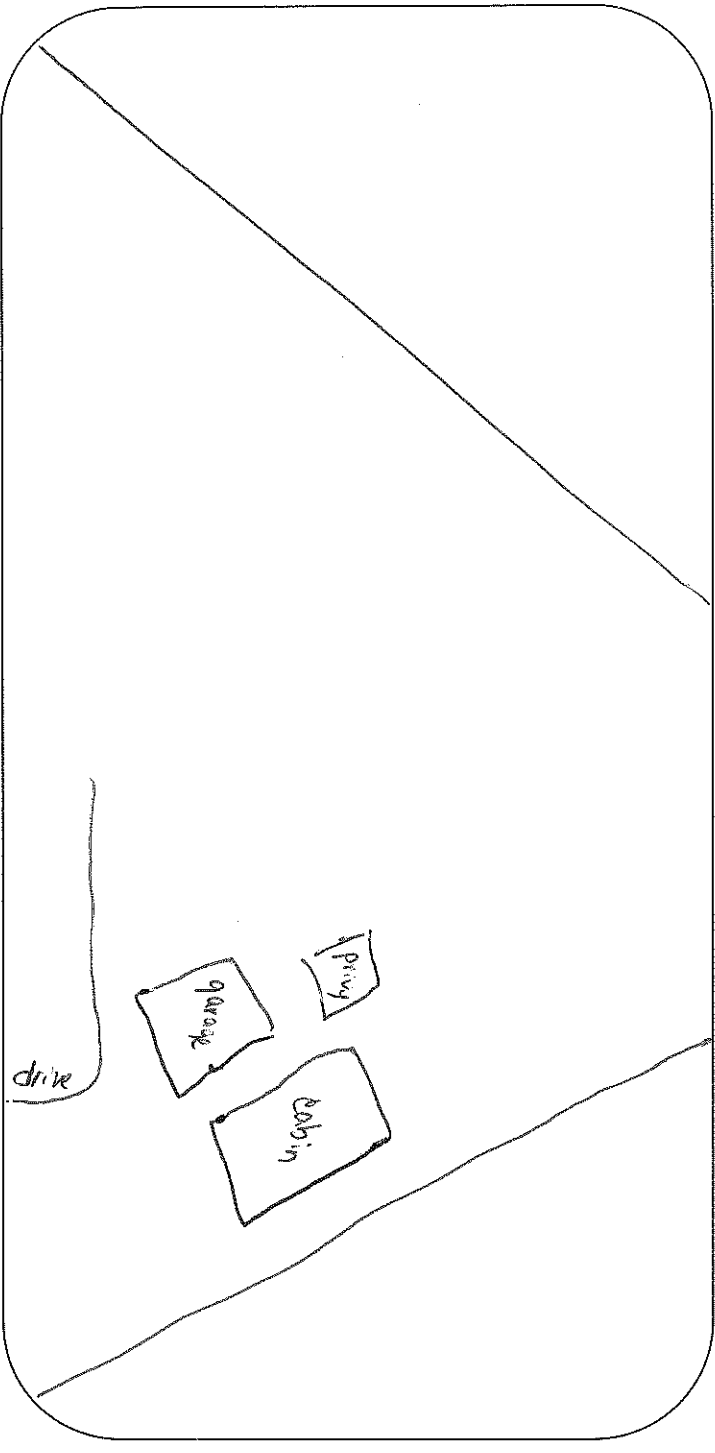
Owner(s): Nancy Drallmeier  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: \_\_\_\_\_ Date 5-12-15

Address to send permit \_\_\_\_\_  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)  
Attach  
Copy of Tax Statement  
If you recently purchased the property send your Recorded Deed

Draw or Sketch your Property (regardless of what you are applying for)

- Proposed Construction
- (1) Show Location of: North (N) on Plot Plan
- (2) Show / Indicate: (\*) Driveway and (\*) Frontage Road (Name Frontage Road)
- (3) Show Location of (\*): All Existing Structures on your Property
- (4) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)
- (5) Show: (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond
- (6) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%
- (7) Show any (\*):



Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	95 Feet	Setback from the Lake (ordinary high-water mark)	14 Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	14 Feet
Setback from the North Lot Line	95 Feet	Setback from the Bank or Bluff	14 Feet
Setback from the South Lot Line	95 Feet	Setback from Wetland	14 Feet
Setback from the West Lot Line	75 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	200 Feet	Elevation of Floodplain	14 Feet
Setback to Septic Tank or Holding Tank	14 Feet	Setback to Well	14 Feet
Setback to Drain Field	14 Feet		
Setback to Privy (Portable, Composting)	60 Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 15-0138		Permit Date: 5-13-15		
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming		<input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/contiguous lots) <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #:		Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Was Parcel Legally Created Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record: As indicated / stake Date of inspection: 5/12/15		Inspected by: [Signature]		Zoning District (B1) Lakes Classification (N/A)
Conditions: Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.) No for under processing Not for Home Habitation		Date of Re-Inspection:		
Signature of Inspector: [Signature]		Date of Approval: 5/12/15		
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>

SUBMIT: COMPLETED APPLICATION, TAX  
STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN  
Date Stamp (Received)  
MAY 13 2015  
Bayfield Co. Zoning Dept.

Permit #: 15-0140  
Date: 5-14-15  
Amount Paid: \$175 5-14-15  
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILL OUT THIS APPLICATION (visit our website [www.bayfieldcounty.org/zoning.asp](http://www.bayfieldcounty.org/zoning.asp))

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER		
Owner's Name: <u>Tom &amp; Maria O'Brien</u>	Mailing Address: <u>2 Hawthorne Ct North Oaks, MN. 55127</u>	Telephone: <u>651-330-6517</u>
Address of Property: <u>50365 St. Hwy 27</u>		City/State/Zip: <u>BREXES, WI. 54873</u>
Contractor: <u>KEVIN COSGROVE</u>		Contractor Phone: <u>715-378-2247</u>
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Plumber: <u>Plumber</u>
Agent Phone: <u>715-378-2247</u>		Agent Mailing Address (include City/State/Zip):
PROJECT LOCATION: Legal Description: (Use Tax Statement)		Recorded Document: (i.e. Property Ownership) Volume: <u>09</u> Page(s): <u>004-2-44-091365-008-6000</u>
1/4, 1/4 Gov't Lot Lot(s) CSM Vol & Page Lot(s) No. Block(s) No. Subdivision: <u>SEE A.H. Sheet</u>		Lot Size: <u>APPROX 510' x 510'</u> Acreage: <u>3.79</u>
Section: <u>1/4</u> , Township: <u>N</u> , Range: <u>W</u> Town of: <u>BREXES</u>		Distance Structure is from Shoreline: <u>79</u> feet
<input checked="" type="checkbox"/> Shoreland → <input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes—continue →		Distance Structure is from Shoreline: <u>79</u> feet
<input type="checkbox"/> Non-Shoreland		Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Value at Time of Completion * include donated time & material	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ <u>11,000.00</u>	<input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input type="checkbox"/> No Basement <input type="checkbox"/> Foundation	<input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) <input type="checkbox"/> Privy (Pri) or <input checked="" type="checkbox"/> Vented (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well

Existing Structure: (if permit being applied for is relevant to it)	Length: <u>20'</u>	Width: <u>14'</u>	Height: <u>10'</u>
Proposed Construction:	Length: <u>20'</u>	Width: <u>14'</u>	Height: <u>10'</u>

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	( <u>  </u> X <u>  </u> )	
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	( <u>  </u> X <u>  </u> )	
	with Loft	( <u>  </u> X <u>  </u> )	
	with a Porch	( <u>  </u> X <u>  </u> )	
	with (2 <sup>nd</sup> ) Porch	( <u>  </u> X <u>  </u> )	
	with a Deck	( <u>  </u> X <u>  </u> )	
	with (2 <sup>nd</sup> ) Deck	( <u>  </u> X <u>  </u> )	
	with Attached Garage	( <u>  </u> X <u>  </u> )	
<input type="checkbox"/> Commercial Use	Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	( <u>  </u> X <u>  </u> )	
	Mobile Home (manufactured date) _____	( <u>  </u> X <u>  </u> )	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Addition/Alteration (specify) _____	( <u>  </u> X <u>  </u> )	
	<input checked="" type="checkbox"/> Accessory Building (specify) <u>Screen House</u>	( <u>14</u> X <u>26</u> )	<u>280</u>
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	( <u>  </u> X <u>  </u> )	
Rec'd for Issuance	Special Use: (explain) _____	( <u>  </u> X <u>  </u> )	
	Conditional Use: (explain) _____	( <u>  </u> X <u>  </u> )	
	Other: (explain) _____	( <u>  </u> X <u>  </u> )	
MAY 14 2015			

Secretarial Staff

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the legal and accuracy of all information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s):

Tom & Maria O'Brien Date 5/12/15

(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent:

(if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date \_\_\_\_\_

Address to send permit

Attach

Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show location of: Proposed Construction  
(2) Show / Indicate: North (N) on Plot Plan  
(3) Show location of (\*): (\* ) Driveway and (\* ) Frontage Road (Name Frontage Road)  
(4) Show: All Existing Structures on your Property  
(5) Show: (\* ) Well (W); (\* ) Septic Tank (ST); (\* ) Drain Field (DF); (\* ) Holding Tank (HT) and/or (\* ) Privy (P)  
(6) Show any (\*): (\* ) Lake; (\* ) River; (\* ) Stream/Creek; or (\* ) Pond  
(7) Show any (\*): (\* ) Wetlands; or (\* ) Slopes over 20%

See Attached

Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	475 Feet	Setback from the Lake (ordinary high-water mark)	81 Feet
Setback from the Established Right-of-Way		Setback from the River, Stream, Creek	NA Feet
		Setback from the Bank or Bluff	ND Feet
Setback from the North Lot Line	265 Feet		
Setback from the South Lot Line	142 Feet	Setback from Wetland	
Setback from the West Lot Line	81 Feet	Setback from 20% Slope Area	NA Feet
Setback from the East Lot Line	400+ Feet	Elevation of Floodplain	
Setback to Septic Tank or Holding Tank	70 Feet	Setback to Well	100 Feet
Setback to Drain Field	70+ Feet		
Setback to Privy (Portable, Composting)	NA Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner or marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:		Sanitary Date:
Permit Denied (Date):		Reason for Denial:			
Permit #: 15-0140	Permit Date: 5-14-15				
Is Parcel a Sub-Standard lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)		Case #:	Case #:		
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No				
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Inspection Record					
Date of Inspection: 4/30/15	Inspected by: [Signature]		Zoning District: (R68)		
Conditions: [Blank]		Compliance of Board Conditions Attached? Yes		Date of Re-Inspection:	

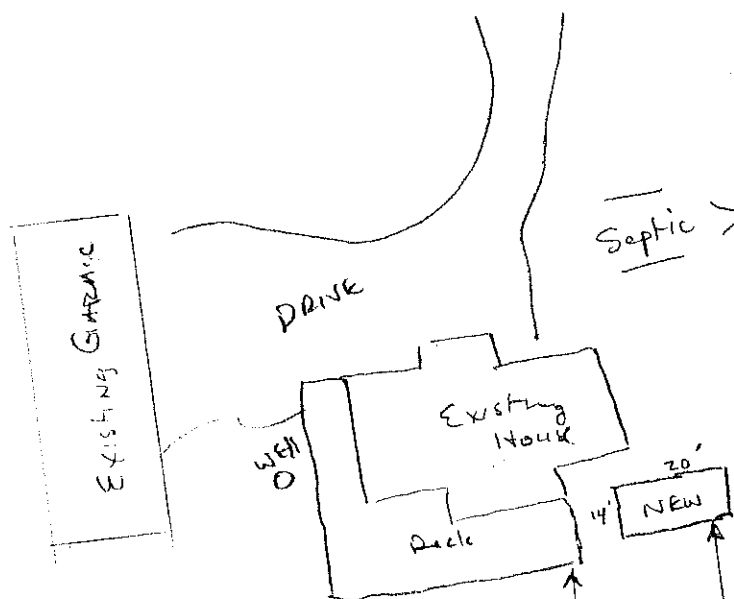
Submitted by: [Signature]	Date of Review: 5/14/15
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08150

St. Hwy. 27

Approx  
480'



Approx  
320'

Approx 70'

76'

81'

Approx 510'

Middle E. Cl.